

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	3/29
O.I.P.E. CLASSIFIER	PH	64916	4/3
FORMALITY REVIEW	CH		5/19/00
RESPONSE FORMALITY REVIEW			

09/528479

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 = _____ Allowed I _____ Interference
 - (Through numeral) _____ Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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